

OBSTETRICS.

 UNDER THE CHARGE OF

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 VERSION WITH ONE FOOT.

NAGEL (*Archiv für Gynäkologie*, Band xlv., Heft 1) contributes an article relative to version with one foot, and discusses which one is best to bring down first. As a result of his observations in thirty cases of his own, and from a consideration of many reported by other authorities, he concludes that in order to complete version of a child *in utero*, it is indifferent which foot is seized. If one has in view the fact that the drawn down and extended leg shall lie, immediately after complete version, forward, behind the symphysis, one will generally obtain this if the *under* leg in dorso-anterior and the *upper* one in dorso-posterior position is drawn down. If there has been produced through version an incomplete foot presentation with posterior leg extended, it will probably turn forward in such a manner that the back of the child slides by the promontory. If in such cases as the one last mentioned, it is necessary to hasten the birth of the child, such turning of the breech of the child on its long axis must be favored, as will bring the extended leg forward.

 DECIDUO-CELLULAR SARCOMA AND DECIDUAL TUMORS.

SÄNGER (*Archiv für Gynäkologie*, Band xlv., Heft 1, p. 89) takes as his text the case of a married woman aged twenty-three years, who, after an injury received in stepping from a railroad train, aborted incompletely in the eighth week of gestation. She suffered from hemorrhage continuously for three weeks, at the end of which time fever ensued, with symptoms of septicaemia. The uterus was curetted, after which the fever and hemorrhage ceased; but the pulse remained about 100. The woman was confined to her bed for five months, the convalescence being protracted by a diffuse parametritic exudation. A progressive enlargement of the uterus was now noticed, without tenderness and purulent discharge, and the patient was compelled to return to bed on account of fever and severe pain in the left hypochondrium. Soon there suddenly appeared in the right iliac fossa a soft, elastic, painful tumor as large as a goose-egg. This was suspected to be an abscess occurring during a chronic septic infection, and on this supposition was opened. No

pus was found, but a fungoid, spongy mass which was removed with the fingers and sharp spoon, exposing the bone beneath. Under the microscope the removed tissue consisted of cellular débris, with large nucleated round cells intermixed with small spindle-shaped cells and numerous small apoplexias. No tubercle bacilli could be found. There were no signs of pulmonary tubercular infection. The uterus was now as large as in a normal pregnancy of three or four months' duration. The patient was sent to the surgical department, but, owing to the uncertainty of the diagnosis, no operation was performed. She became rapidly dyspnoëic, and finally died from exhaustion. At time of death there was orthopnœa.

The autopsy showed the uterus adherent on left side, and filled with spongy, dark-purple masses varying in size from a nut to an apple. Masses were classified as sarcoma telangiectodes, and most resembled mycosis fungoides of the skin. The uterine mucous membrane was not penetrated by the diseased masses. Metastatic masses were found in the iliac fossa, lungs, diaphragm, and ribs. The microscope showed in the tissues small hemorrhagic foci and large nucleated round cells closely resembling the giant decidua cells; these latter seemed the earliest and simplest elements. The decidua apparently was the starting-point, the abortion being perhaps the initial lesion.

The forms of sarcoma now recognized may all be traced back to cells of mesoblastic origin and their products. Sarcomatous degeneration of the cells of the inter-glandular tissue of the mucosa uteri, according to Virchow, is divided into globo-cellular, fuso-cellular, and myxo-sarcoma, together with a mixed formation—sarcoma carcinomatodes. To these should be added sarcoma deciduo-cellular, sarcoma of the mucosa uteri transformed into decidua. In ectopic pregnancy, as is well known, the connective-tissue cells of the mucous membrane and muscular coat of the tubes, together with the serosa peritonei, undergo this transformation. During pregnancy the tissues of the sexual organs receive an immense impulse toward new formations, and conditions obtaining in the foetal tissues may be impressed upon and transplanted to those of the mother. There may also be an infection of micro-organisms, as in many cases infectious disease of the decidua preceded the swelling. The diagnosis is based on the hemorrhage and ichorous discharge. These symptoms following a shorter or longer time after birth would make one suspect the presence of a deciduo-cellular sarcoma, especially if they return after complete evacuation of the uterus of all foetal remains. A microscopic examination of fragments taken from the uterus by the finger should be made.

Regarding treatment, the author states that this variety of sarcoma is regarded as malignant; its early and accurate diagnosis is therefore of great importance. Complete extirpation is the only treatment worth attempting.

RECURRENT TUBAL PREGNANCY IN THE SAME WOMAN.

ABEL (*Archiv für Gynäk.*, Band xlv., Heft 1, p. 55) contributes an article on the above-named subject. In regard to the causation of recurrent or single tubal pregnancy, most authors ascribe it to causes other than affections